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Overview of the study

The care economy, which refers to activities related to the provision of care, including care for children, seniors and people with disabilities, as well as health care and education, is a fundamental component of societies. The COVID-19 pandemic has underscored the essential nature of this sector. In Canada and around the world, demographic and socioeconomic transformations—notably the aging population—are increasing the demand for care workers. Although the care economy includes paid and unpaid work, the focus of this study is on paid workers. It uses data from the 2016 Census of Population and from the Labour Force Survey to examine their personal and job characteristics through a gender lens. It also examines how the pandemic has impacted paid care worker employment, compared with workers in all other occupations. This article is the first to provide a detailed portrait of paid care workers in Canada.

- According to the 2016 Census of Population, about 3 million people were employed in paid care occupations in 2016, making up nearly one-fifth (19%) of the total employed population in Canada. Women represented the majority of paid care workers, accounting for three quarters (75%) of all care workers in 2016.
- Registered nurses and registered psychiatric nurses (9%), elementary school and kindergarten teachers (9%), nurse aides, orderlies and patient service associates (8%) and early childhood educators and assistants (7%) were the most common occupations, accounting for a third of all care workers in 2016.
- Workers in care occupations were comparatively more educated than those in non-care occupations. Nearly one-half (46%) of care workers had a university certificate or degree at the bachelor level or above, compared with one-quarter (25%) of those working in non-care occupations. Women in care occupations were more likely than their male counterparts to have a college credential as their highest level of education (29% vs. 16%), whereas a larger proportion of men than women held a university certificate, diploma or degree at the bachelor level or above (51% vs. 44%).
- There were also differences regarding the type of positions held by men and women within care occupations. For example, in the health-related occupations, women were more likely than men to hold professional occupations in nursing (29% vs. 11%), such as registered nurses, registered psychiatric nurses, and nursing coordinators and supervisors. By contrast, men were more likely to hold professional occupations (except nursing) such as general practitioners and family physicians, specialist physicians and dentists (45% vs. 16%).
- By consequence, women in care occupations had lower employment income than men ($59,300 vs. $73,400) on average in 2015. The income gender gap remained significant even after diverse personal characteristics and care occupation held was taken into account, meaning that the occupational segregation among care workers alone does not explain the gender pay gap in the care sector.

Women working in paid care occupations

- During the pandemic, workers in non-care occupations had a larger employment decrease than those working in care occupations. This is partly because care workers more often provide essential services, and non-care workers are more likely to be found in industries hit hardest by the pandemic, such as accommodation and food services and retail services.
- Women and men in care occupations were affected differently by the pandemic. Women's monthly employment in 2020 remained lower than that in the same months of 2019, throughout 2020, while men's employment recovered faster and was even higher than that in the same months of 2019, from August to December 2020. However, the situation evolved differently in 2021. The employment of women in care occupations continued to improve, in contrast to men's employment. Thus, in November 2021, employment among men in care occupations was at a level similar to that in February 2020, whereas for women it was 2% higher.

Introduction

The care economy, which refers to activities related to the provision of care, including care for children, seniors and people with disabilities, as well as health care, education, personal, social and domestic services, is a fundamental component of societies[1,2] and is a fast-expanding sector of the economy.[3,4] In Canada and around the world, demographic and socioeconomic transformations—notably the aging population—are increasing the demand for care workers. Indeed, the total number of seniors[5] surpassed the total number of children[6] for the first time in Canada's history in 2016. In addition, seniors could represent between 21% and 30% of the Canadian population by 2068, according to recent demographic projections.[7]

There is growing concern that the aging of Canada's population, especially the rapid growth of the population aged 80 and over that generally requires the most care, will strain Canada's health care system. The COVID-19 pandemic has exacerbated and actualized this concern. It has taken a toll on people residing in long-term care facilities, as well as on staff. Residents of these facilities have accounted for a disproportionate number of infections and deaths caused by COVID-19 in Canada.[8]

The pandemic has also illuminated the challenging working conditions of staff in these facilities, such as irregular work schedules, overtime, excessive workload and stress, which are known to cause mental and physical tiredness, reduce work satisfaction and affect intentions to stay with the employer. As a result, the pandemic situation may have long-term implications for the delivery of health care in Canada.[9]

While the majority of research on care work focuses on unpaid activities and its redistribution between women and men, the pandemic has highlighted the importance of certain crucial paid care occupations. These include nurse aides, orderlies and associates, which are more likely to be held by women and immigrants earning low wages and working part time.[10] The importance of these occupations is also felt in the context of job vacancies, which have increased since the beginning of the pandemic and remain high in health care and social assistance positions.[11] Finding and recruiting skilled workers to fill these essential positions is and will remain an important challenge for Canadian health policy makers.

At the same time, the pandemic disproportionately and negatively affected certain care occupations, such as child-care workers. Since the onset of the pandemic, employment among child-care workers has fluctuated more, compared with other workers. In December 2020, employment among these workers was 11% lower than in the same month in 2019. By comparison, the gap between December 2020 and December 2019 employment was 3% among all workers.[12]

Given these circumstances, it is important to understand who the workers in paid care occupations are, what type of jobs they hold and how they are compensated. This study uses data from the 2016 Census of Population and from the Labour Force Survey (see box "Data sources, methods and definitions") to examine the personal and job characteristics of workers in paid care occupations through a gender lens. This study also looks at how the pandemic has impacted the employment of paid care workers, compared with other workers.

Outcomes from specific population groups, such as those identifying as visible minorities, immigrants and Indigenous people, will be examined wherever sample sizes permit since members of these groups

generally face additional barriers in the labour market compared with non-Indigenous Canadian-born people. Additionally, some groups are disproportionally represented in certain crucial lower-paying care occupations, such as nurse aides, orderlies and associates.

Workers in care occupations make up nearly one-fifth of the employed labour force

People of all ages have physical, psychological, cognitive and emotional needs requiring varying degrees of protection, care or support. Paid care workers contribute, in various ways, to meeting these needs. The definition of care work used in this study is taken from the International Labor Organization (ILO) report[13] on the care economy.[14] According to the ILO, care work is broadly defined as consisting of activities and relations involved in meeting the physical, psychological and emotional needs of adults and children, old and young, frail and able-bodied. Care workers' activities and responsibilities include direct, face-to-face, personal care activities such as teaching, caring, helping, mentoring, counselling, etc. It also includes indirect care activities, which do not entail face-to-face personal care, such as cleaning, cooking and other maintenance tasks, and that provide the preconditions for personal caregiving.

Care workers may be employed by a private individual or household, a public agency, a private for-profit enterprise, a private non-profit organization, or they may be self-employed. Finally, paid care work is performed within a range of settings, such as private households, public or private hospitals, clinics, nursing homes, schools and other care establishments.

In 2016, there were approximately 3 million persons employed in paid care occupations, making up nearly one-fifth (19%) of the total employed population in Canada (Table 1). Among individuals in paid care occupations, 79% were employed in care-related industries, including health care and social assistance and educational services, and 2% in private households. The remaining were employed in non-care industries (19%), for example, as a nurse or doctor in a factory or as on-site childcare staff in a private company.

Care workers include a wide range of workers who differ in terms of education, skills, sector and pay, from university professors, psychologists and doctors at one end of the spectrum to childcare workers and personal care workers at the other[15]. However, registered nurses and registered psychiatric nurses (9%), elementary school and kindergarten teachers (9%), nurse aides, orderlies and patient service associates (8%) and light-duty cleaners (7%) are the most common occupations among care workers. These occupations accounted for one-third of all these workers in 2016.

Women make up the majority of paid care workers in Canada

Women represented the majority of paid care workers in Canada, accounting for three-quarters (75%) of them in 2016 (Table 1). Therefore, most care occupations were either female-dominated[16] or had a high proportion of women.

Care occupations with the vast majority of workers being women included dental assistants (99%), dental hygienists and dental therapists (97%), early childhood educators and assistants (96%), home child care providers (96%), and dieticians and nutritionists (95%). Only a few care occupations had a higher proportion of men. Moreover, some of these male-dominated occupations, such as janitors, caretakers and building superintendents (76% men) or cleaning supervisors (64%), are somewhat atypical among care occupations, as they do not necessarily entail face-to-face personal care. Other male-dominated occupations were essentially in the health sector: denturists (65%), paramedical occupations (64%), chiropractors (64%), dentists (61%) and specialist physicians (61%).

Workers in care occupations were slightly older than workers in non-care occupations. Indeed, since most care occupations require postsecondary education, there is a lower proportion of these workers in the youngest age group, which may be related to the fact that many future care workers are still in school at this age. The proportion of care workers aged 15 to 24 was thus half that of non-care workers (7% and 14%) (Table 2). In addition, a higher proportion of care workers were considered within the core working age (25 to 54 years), compared with their counterparts in non-care occupations. Specifically, 71% of care workers belonged to this age group, while the corresponding proportion for non-care workers was 64%.

Care workers are also more educated than those in non-care occupations. Almost one-half (46%) of care workers had a university certificate or a degree at the bachelor level or above, compared with one-quarter (25%) of those in non-care occupations. Furthermore, non-care workers were two times more

likely than care workers to have an education level equal to a high school diploma or less (39% vs. 19%).

There were, however, notable differences in the educational attainment of men and women working in care occupations. Women in these occupations were more likely than their male counterparts to have a college credential as their highest level of education (29% vs. 16%), whereas a larger proportion of men than women held a university certificate, diploma or degree at bachelor level or above (51% vs. 44%).

Women from visible minority groups were less likely to work in professional occupations in health than their male counterparts

Overall, workers in care and non-care occupations were as likely to belong to a population group

Table 1
Total number and percentage of paid care workers, by occupation and sex, 2016

	All care workers		Men		Women		Percentage
Care occupation (4-digit NOC[1])	number	percentage	number	percentage	number	percentage	of women
All care occupations	**3,208,295**	**100.0**	**815,750**	**100.0**	**2,392,550**	**100.0**	**75**
3012 - Registered nurses and registered psychiatric nurses	286,225	8.9	23,685	2.9	262,540	11.0	92
4032 - Elementary school and kindergarten teachers	283,525	8.8	44,795	5.5	238,735	10.0	84
3413 - Nurse aides, orderlies and patient service associates	245,500	7.7	32,535	4.0	212,970	8.9	87
6731 - Light duty cleaners	235,385	7.3	70,470	8.6	164,915	6.9	70
6733 - Janitors, caretakers and building superintendents	212,320	6.6	160,790	19.7	51,525	2.2	24
4214 - Early childhood educators and assistants	193,550	6.0	6,930	0.8	186,620	7.8	96
4031 - Secondary school teachers	160,890	5.0	66,010	8.1	94,885	4.0	59
4212 - Social and community service workers	139,770	4.4	31,130	3.8	108,640	4.5	78
4413 - Elementary and secondary school teacher assistants	119,900	3.7	11,540	1.4	108,355	4.5	90
4412 - Home support workers, housekeepers and related occupations	96,010	3.0	10,145	1.2	85,865	3.6	89
4021 - College and other vocational instructors	87,250	2.7	40,090	4.9	47,160	2.0	54
4411 - Home child care providers	85,830	2.7	3,440	0.4	82,385	3.4	96
3233 - Licensed practical nurses	69,625	2.2	6,595	0.8	63,035	2.6	91
4011 - University professors and lecturers	66,410	2.1	37,615	4.6	28,795	1.2	43
4012 - Postsecondary teaching and research assistants	62,275	1.9	28,240	3.5	34,030	1.4	55
4152 - Social workers	57,865	1.8	8,670	1.1	49,195	2.1	85
3112 - General practitioners and family physicians	56,300	1.8	29,770	3.6	26,525	1.1	47
3219 - Other medical technologists and technicians (except dental health)	48,560	1.5	6,870	0.8	41,690	1.7	86
3111 - Specialist physicians	44,505	1.4	27,065	3.3	17,440	0.7	39
3131 - Pharmacists	36,330	1.1	13,635	1.7	22,695	0.9	62
3414 - Other assisting occupations in support of health services	33,475	1.0	6,280	0.8	27,190	1.1	81
3236 - Massage therapists	33,400	1.0	6,020	0.7	27,380	1.1	82
3411 - Dental assistants	32,525	1.0	470	0.1	32,055	1.3	99
0311 - Managers in health care	31,670	1.0	8,570	1.1	23,095	1.0	73
0422 - School principals and administrators of elementary and secondary education	30,500	1.0	12,775	1.6	17,725	0.7	58
0423 - Managers in social, community and correctional services	29,050	0.9	7,530	0.9	21,520	0.9	74
3234 - Paramedical occupations	26,815	0.8	17,235	2.1	9,585	0.4	36
3222 - Dental hygienists and dental therapists	26,065	0.8	715	0.1	25,350	1.1	97
4153 - Family, marriage and other related counsellors	25,750	0.8	5,425	0.7	20,325	0.8	79
3142 - Physiotherapists	24,130	0.8	6,030	0.7	18,095	0.8	75
4151 - Psychologists	23,400	0.7	5,385	0.7	18,015	0.8	77
3212 - Medical laboratory technicians and pathologists' assistants	21,980	0.7	3,765	0.5	18,210	0.8	83
4033 - Educational counsellors	21,650	0.7	4,625	0.6	17,025	0.7	79
3113 - Dentists	21,420	0.7	13,140	1.6	8,275	0.3	39
4215 - Instructors of persons with disabilities	20,890	0.7	2,850	0.3	18,045	0.8	86
3211 - Medical laboratory technologists	19,760	0.6	3,895	0.5	15,870	0.7	80
3215 - Medical radiation technologists	19,365	0.6	4,360	0.5	15,000	0.6	77
0421 - Administrators - post-secondary education and vocational training	16,670	0.5	6,005	0.7	10,660	0.4	64
3011 - Nursing co-ordinators and supervisors	15,685	0.5	1,495	0.2	14,190	0.6	90
3143 - Occupational therapists	15,200	0.5	1,200	0.1	13,995	0.6	92
3132 - Dietitians and nutritionists	11,715	0.4	570	0.1	11,145	0.5	95
3214 - Respiratory therapists, clinical perfusionists and cardiopulmonary technologists	11,150	0.3	2,730	0.3	8,420	0.4	76

Table 1
Total number and percentage of paid care workers, by occupation and sex, 2016

Care occupation (4-digit NOC[1])	All care workers		Men		Women		Percentage of women
	number	percentage	number	percentage	number	percentage	
6315 - Cleaning supervisors	11,080	0.3	7,090	0.9	3,990	0.2	36
3237 - Other technical occupations in therapy and assessment	10,945	0.3	1,975	0.2	8,970	0.4	82
3144 - Other professional occupations in therapy and assessment	10,875	0.3	2,805	0.3	8,065	0.3	74
3141 - Audiologists and speech-language pathologists	10,730	0.3	650	0.1	10,085	0.4	94
3232 - Practitioners of natural healing	9,235	0.3	2,505	0.3	6,730	0.3	73
3231 - Opticians	8,715	0.3	2,755	0.3	5,955	0.2	68
3122 - Chiropractors	8,025	0.3	5,155	0.6	2,870	0.1	36
3124 - Allied primary health practitioners	7,120	0.2	855	0.1	6,260	0.3	88
3125 - Other professional occupations in health diagnosing and treating	5,830	0.2	1,715	0.2	4,115	0.2	71
3121 - Optometrists	5,685	0.2	2,505	0.3	3,185	0.1	56
3223 - Dental technologists, technicians and laboratory assistants	5,620	0.2	3,235	0.4	2,385	0.1	42
3216 - Medical sonographers	5,250	0.2	805	0.1	4,445	0.2	85
6312 - Executive housekeepers	3,615	0.1	510	0.1	3,105	0.1	86
3217 - Cardiology technologists and electrophysiological diagnostic technologists, n.e.c.	2,860	0.1	505	0.1	2,355	0.1	82
3221 - Denturists	2,435	0.1	1,570	0.2	860	0.0	35

1. National Occupational Classification

Source: Statistics Canada, Census of Population, 2016.

Table 2
Characteristics of paid care workers, by sex, 2016

Characteristic	Total - Non-care workers		Total - Care workers		Men - Care workers		Women - Care workers	
	number	percentage	number	percentage	number	percentage	number	percentage
Total	**14,021,740**	**100**	**3,208,300**	**100**	**815,745**	**100**	**2,392,550**	**100**
Immigrant status								
Non-immigrants	10,515,120	75.0	2,368,580	73.8	576,325	70.7	1,792,260	74.9
Immigrants	3,316,290	23.7	791,215	24.7	223,070	27.3	568,150	23.7
Non-permanent residents	190,330	1.4	48,495	1.5	16,355	2.0	32,140	1.3
Visible minority								
Total visible minority population	2,967,320	21.2	701,650	21.9	197,015	24.2	504,635	21.1
South Asian	784,415	5.6	136,815	4.3	40,585	5.0	96,230	4.0
Chinese	633,780	4.5	96,800	3.0	32,120	3.9	64,685	2.7
Black	392,680	2.8	138,655	4.3	33,940	4.2	104,715	4.4
Filipino	318,395	2.3	142,860	4.5	30,755	3.8	112,105	4.7
Latin American	194,605	1.4	53,990	1.7	15,605	1.9	38,385	1.6
Arab	158,035	1.1	42,700	1.3	16,325	2.0	26,380	1.1
Southeast Asian	138,280	1.0	20,925	0.7	6,340	0.8	14,585	0.6
West Asian	101,585	0.7	21,150	0.7	7,595	0.9	13,555	0.6
Korean	74,845	0.5	12,560	0.4	4,105	0.5	8,455	0.4
Japanese	36,025	0.3	7,920	0.2	2,095	0.3	5,825	0.2
Visible minority, n.i.e.[1]	55,630	0.4	11,195	0.3	2,810	0.3	8,385	0.4
Multiple visible minorities	79,035	0.6	16,085	0.5	4,750	0.6	11,330	0.5
Not a visible minority	11,054,415	78.8	2,506,645	78.1	618,730	75.8	1,887,915	78.9
Indigenous identity								
Indigenous identity	500,460	3.6	137,445	4.3	31,410	3.9	106,030	4.4
Single Indigenous responses	486,400	3.5	133,865	4.2	30,675	3.8	103,190	4.3
First Nations (North American Indian)	248,565	1.8	75,120	2.3	17,565	2.2	57,550	2.4
Métis	222,055	1.6	53,210	1.7	11,665	1.4	41,545	1.7
Inuk (Inuit)	15,775	0.1	5,540	0.2	1,445	0.2	4,095	0.2
Multiple Indigenous responses	6,510	0.0	1,500	0.0	275	0.0	1,230	0.1
Indigenous responses not included elsewhere	7,550	0.1	2,075	0.1	465	0.1	1,615	0.1
Non-Indigenous identity	13,521,275	96.4	3,070,855	95.7	784,335	96.1	2,286,520	95.6

Table 2
Characteristics of paid care workers, by sex, 2016

	Total - Non-care workers		Total - Care workers		Men - Care workers		Women - Care workers	
Characteristic	number	percentage	number	percentage	number	percentage	number	percentage
Age group								
15 to 24 years	1,968,475	14.0	225,975	7.0	59,765	7.3	166,210	6.9
25 to 34 years	2,898,850	20.7	709,190	22.1	154,720	19.0	554,470	23.2
35 to 44 years	2,910,920	20.8	781,210	24.3	179,505	22.0	601,705	25.1
45 to 54 years	3,225,475	23.0	797,930	24.9	202,585	24.8	595,350	24.9
55 to 64 years	2,387,485	17.0	561,905	17.5	163,985	20.1	397,925	16.6
65 years and older	630,520	4.5	132,090	4.1	55,195	6.8	76,895	3.2
Highest certificate, diploma or degree								
No certificate, diploma or degree	1,550,670	11.1	185,915	5.8	64,980	8.0	120,940	5.1
Secondary (high) school diploma or equivalency certificate	3,951,035	28.2	411,225	12.8	125,820	15.4	285,400	11.9
Apprenticeship or trades certificate or diploma	1,608,060	11.5	208,250	6.5	58,050	7.1	150,195	6.3
College, CEGEP or other non-university certificate or diploma	3,056,775	21.8	821,080	25.6	130,845	16.0	690,240	28.8
University certificate or diploma below bachelor level	401,925	2.9	116,770	3.6	22,280	2.7	94,490	3.9
University certificate, diploma or degree at bachelor level or above	3,453,275	24.6	1,465,060	45.7	413,775	50.7	1,051,285	43.9

1. The abbreviation "n.i.e." means "not included elsewhere." It includes people with a write-in response such as "Guyanese," "West Indian," "Tibetan," "Polynesian" or "Pacific Islander."

Source: Statistics Canada, Census of Population, 2016.

designated as a visible minority (22% vs. 21%), to be immigrants (25% vs. 24%) or to identify as an Indigenous person (4% each) (Table 2). There were however slightly higher proportions of Black and Filipino people among care workers (4% and 5%) than among non-care workers (3% and 2%), particularly in specific occupational groups. For example, Black and Filipino people represented 10% of workers, respectively, in assisting occupations in support of health services and were highly overrepresented among nurse aides, orderlies and patient service associates.[17]

Within care occupations, men were more likely than women to belong to population groups designated as visible minorities (24% vs. 21%) and to be immigrants (27% vs. 24%), but a similar proportion of women and men identified as Indigenous (4% each) (Table 2). In general, immigrant care workers were particularly overrepresented in assisting occupations in support of health services (34%), in service supervisors and specialized service occupations (34%) and in service support and other service occupations (32%). By contrast, they were underrepresented in occupations in specialized middle management (18%), professional occupations in education services (18%) and in professional occupations in law, social, community and government services (16%).

There were also some notable gender differences regarding type of position held based on immigrant status or belonging to a visible minority group (see Tables A1 and A2 in appendix 2), as is the case for all care workers. For example, a higher proportion of immigrant men than immigrant women were working in well-paid occupations, such as professional occupations in nursing (33% vs. 22%) and in health (except nursing) (35% vs. 24%). By contrast, immigrant women were more likely than their male counterparts to work as executive housekeepers and cleaning supervisors (37% vs. 30%) and in service support and other service occupations (36% vs. 29%).

Women from population groups designated as visible minorities were also less likely to hold well-paid positions than their male counterparts. In particular, Filipino and Black men were overrepresented in professional occupations in nursing (11% and 7%, respectively), with Filipino men twice as likely to be in professional occupations in nursing (11%) as Filipino women (5%). In contrast, Filipino and Black women were overrepresented in assisting occupations in support of health services (10% each), such as nurse aides, orderlies and patient service associates. Filipino women were also overrepresented in care providers and educational, legal and public protection support occupations (12%), such as home child care providers and home support workers, housekeepers and related occupations.

There were also higher proportions of South Asian and Chinese men (11% and 8%, respectively) than South Asian and Chinese women (7% and 6%, respectively) in professional occupations in health

(except nursing) and technical occupations in health. These two occupational groups include well-paid occupations, such as general practitioners and family physicians and medical radiation technologists.

Indigenous people were underrepresented in most health-related occupations, particularly among professional occupations in health (except nursing) where Indigenous people only represent 1% of all care workers in this occupational group. Specifically, First Nations, Métis and Inuit people represented respectively 0.5%, 0.7% and 0.02% of all workers in this group. Care workers who identify as Indigenous were, however, overrepresented in paraprofessional occupations in legal, social, community and education services (7%), in professional occupations in law, social, community and government services (6%), as well as in care providers and educational, legal and public protection support occupations (6%). Male Indigenous people represented from 6% to 9% of all care workers in each of these three occupational groups, and Indigenous women represented 6% of workers in each of these groups. These occupational groups include, but are not limited to, social and community service workers, elementary and secondary school teachers and teacher assistants and home support workers, housekeepers and related occupations. First Nations people represented the majority of Indigenous workers in each of these three occupational groups (4% of all care workers in each group) but Inuit people were particularly overrepresented in paraprofessional occupations in legal, social, community and education services and in care providers and educational, legal and public protection support occupations. Indeed, although Inuit represent 0.1% of all Canadian workers, they represented 0.3% of all care workers in both occupational groups.

Women in care occupations reported lower average employment incomes than men

There are differences regarding the type of positions held by men and women within care occupations. For example, in health-related occupations, women were more likely to hold professional occupations in nursing[18] (29% vs. 11%), such as registered nurses and registered psychiatric nurses and nursing coordinators and supervisors, whereas men were more likely to be found in professional occupations in health[19], such as general practitioners and family physicians, specialist physicians and dentists (45% vs. 16%).

Differences in the type of occupations held by women and men were reflected in gender differences in employment income. In 2015, the employment income of women in care occupations was, on average, lower ($59,300) than that of men ($73,400) (Table 3). Nevertheless, the income gap observed between women and men in care occupations (-$14,100; -19%) was lower than that observed among non-care occupations (-$20,500; -27%).

Although the employment income of men in care occupations was higher than that of women for the vast majority of occupations[20], the income gap was generally wider in professional occupations in health (except nursing) (-29%), care providers and educational, legal and public protection support occupations (-29%), service supervisors and specialized service occupations (-29%) and service support and other service occupations (-27%). In health-related occupations, for example, women working as specialist physicians earned, on average, 23% less than their male counterparts. The gap was even wider among the home child care providers, where women earned 40% less annually than men.

Income gaps were also found for certain population groups (Table 4). Overall, and as in non-care occupations, immigrant ($61,900 vs. $64,100) and Indigenous people ($53,400 vs. $63,700) working in care occupations fared worse than their non-Indigenous, Canadian-born counterparts. This was also the case for those from groups designated as visible minorities ($57,700 vs. $64,600). Furthermore, male workers who were either immigrants, a population group designated as a visible minority, or Indigenous had higher employment income than their female counterparts.

Among population groups designated as visible minorities, Japanese ($72,600) and Chinese ($70,900) care workers had the highest average employment incomes, being greater than those who did not belong to a visible minority group ($64,600), while Latin American ($43,800) and Filipino ($47,500) care workers had the lowest ones. This is consistent with the fact that Japanese and Chinese workers are better represented in professional occupations in health (except nursing), such as general practitioners and family physicians and specialist physicians, than Latin American and Filipino workers. These trends were the case for both women and men. While income gaps between men and women were observed for each of the visible minority groups, the gender gap was particularly

Table 3
Average employment income of care workers who worked full time, full year in 2015, by care occupation group and sex, 2015

Care occupation group (2-digit NOC[1])	Total	Men	Women	Income gap
	dollars			percentage
All care occupations	**63,279**	**73,400**	**59,300**	**-19**
03-04 - Specialized middle management occupations	90,697	102,300	85,000	-17
30 - Professional occupations in nursing	78,660	82,500	78,200	-5
31 - Professional occupations in health (except nursing)	107,168	130,000	91,700	-29
32 - Technical occupations in health	57,158	67,400	53,900	-20
34 - Assisting occupations in support of health services	41,268	45,900	40,500	-12
40 - Professional occupations in education services	76,613	84,000	72,800	-13
41 - Professional occupations in law, social, community, government services	66,581	71,900	65,400	-9
42 - Paraprofessional occupations in legal, social, community and education services	40,897	49,800	39,600	-20
44 - Care providers in educational, legal and public protection support occupations	29,413	39,900	28,400	-29
63 - Service supervisors and specialized service occupations	48,479	55,900	39,900	-29
67 - Service support and other service occupations	38,884	43,500	31,700	-27
Non-care occupations	**67,520**	**75,400**	**54,900**	**-27**

1. National Occupational Classification

Note: Only includes workers with employment income greater than 'zero'.

Source: Statistics Canada, Census of Population, 2016.

Table 4
Average employment income for workers in care and non-care occupations, for those who worked full time, full year, by sex and immigrant status, visible minority group and Indigenous identity, 2015

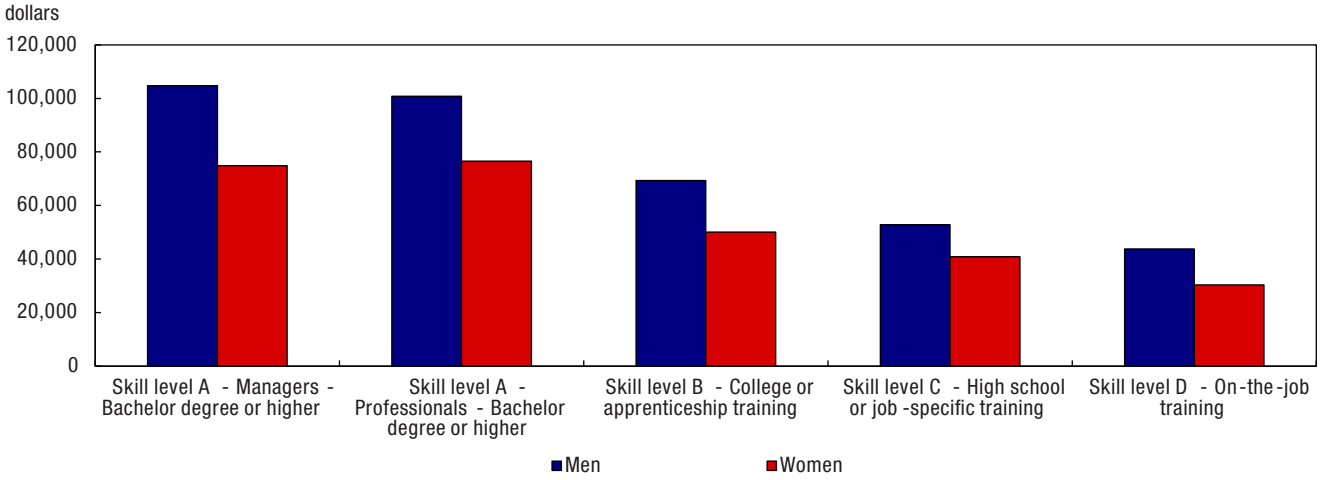
	Care occupations			Non-care occupations		
	Total	Men	Women	Total	Men	Women
	dollars					
Total	**63,300**	**73,400**	**59,300**	**67,500**	**75,400**	**54,900**
Immigrant status						
Non-immigrants	64,100	73,300	60,600	68,800	77,200	55,400
Immigrants	61,900	74,900	55,800	63,500	69,700	53,600
Non-permanent residents	36,600	48,100	31,500	62,900	72,200	43,900
Visible minority						
Visible minority population	57,700	68,000	53,200	58,500	63,200	51,300
South Asian	64,800	78,200	58,100	61,200	66,500	50,900
Chinese	70,900	81,400	64,900	65,300	70,600	58,700
Black	54,800	59,900	53,000	52,500	54,800	48,700
Filipino	47,500	53,800	45,700	50,100	54,600	44,900
Latin American	43,800	50,200	40,700	54,500	58,900	47,300
Arab	62,100	77,500	50,200	59,000	62,300	50,300
Southeast Asian	59,200	67,000	55,400	49,900	55,600	43,100
West Asian	57,500	63,900	52,800	56,600	60,100	49,500
Korean	64,900	75,200	59,200	53,800	58,600	46,800
Japanese	72,600	83,600	67,200	75,900	88,400	60,600
Visible minority, n.i.e.[1]	56,500	59,300	55,500	56,800	60,900	51,300
Multiple visible minorities	62,200	67,800	59,800	59,900	65,500	52,400
Not a visible minority	64,600	74,700	60,700	69,600	78,200	55,800
Indigenous identity						
Indigenous identity	53,400	58,000	51,900	57,700	64,400	48,300
Non-Indigenous identity	63,700	74,000	59,700	67,900	75,800	55,200

1. The abbreviation "n.i.e." means "not included elsewhere." It includes people with a write-in response such as "Guyanese," "West Indian," "Tibetan," "Polynesian" or "Pacific Islander."

Note: Only includes workers with employment income greater than 'zero'.

Source: Statistics Canada, Census of Population, 2016.

Chart 1
Average employment income in care occupations, for those who worked full time, full year, by sex and skill level category, 2015



Note: Only includes workers with employment income greater than 'zero'.
Source: Statistics Canada, Census of Population, 2016.

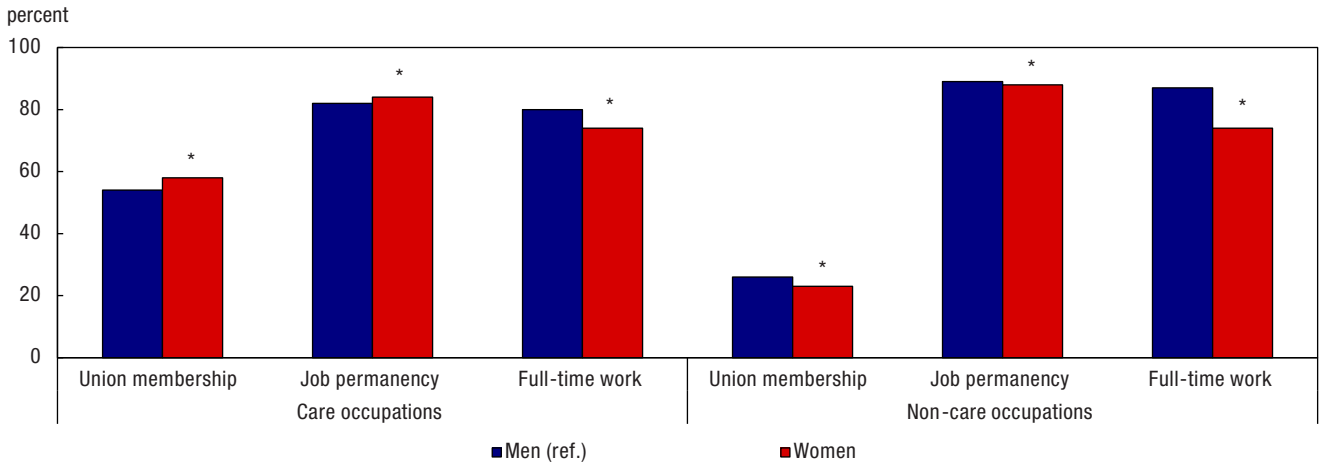
high among Arab (-$27,300; -35%), South Asian (-$20,100; -26%) and Korean (-$16,000; -21%) people and the lowest among those who reported an identity not included elsewhere (-6%), were Black (-12%), or reported multiple identities (-12%). Again, some of the gender gap by population group identified as a visible minority may be explained by the fact that men are better represented than women in well-paid professional occupations in health (excluding nursing). For example, the representation of women in these occupations is more similar to that of men among Black Canadians (2% for both gender) than among Arab (2% compared with 5%) and South Asian Canadians (7% compared with 11%). Of course, these differences alone cannot account for all the gender differences observed among population groups identified as visible minorities. Other socio-economic factors, such as job tenure, may play an important role.

When looking at employment income of care workers in light of skill levels and the educational requirements of occupations, results show that a gender pay gap exists at all skill levels (Chart 1). In 2015, women earned, on average, 23% to 31% less than men working in occupations requiring similar skill levels or educational attainment. The gender pay gap was particularly large among occupations requiring only on-the-job training (-31%), although it was also notable among management occupations (-29%) and occupations requiring college or apprenticeship training (-28%).

Ordinary least squares regressions were estimated to examine the difference in women and men's employment income after taking into account personal characteristics of care workers such as age, marital status, education, immigrant status, Indigenous identity, number of children, age of youngest child, province of residence and occupation held. Interestingly, the gender pay gap increased when controlling for personal characteristics only (from 15% to 17%), meaning that women in care occupations have personal characteristics usually associated with higher incomes. This is mostly explained by the fact that women working full time full year in care occupations, have higher levels of education than men[21]. When occupation—in addition to all the other factors—was taken into account in the regression, the gender pay gap reduces to 11%. This is a result of women being more likely to work in lower-paying occupations.

A large portion of the remaining gender wage gap in care occupations can also be explained by many other characteristics not covered in this study. For instance, part of the gap may be explained by the fact that women remain underrepresented in leadership roles and in more senior positions. Factors such as

Chart 2
Union membership, job permanency and full-time work rates, for people working in care and non-care occupations, by sex, 2019



* different from the value for the men (ref.) at $p < 0.05$
Note: The union membership rate includes union members or not a union members covered by a collective agreement.
Source: Statistics Canada, Labour Force Survey, 2019.

gender bias, discrimination in the workplace and in hiring practices may also play an important role, as women are more likely than men to face difficulties in entering certain occupations as well as obtaining promotions. Inequalities in unpaid care performed at home may also be another important factor. For example, some women may turn down promotions because they take on more parenting and domestic responsibilities.

Workers in care occupations were more likely to be covered by a collective agreement, but less likely to have a permanent job

In the following sections, data from the Labour Force Survey (LFS) are used to examine select job characteristics of care workers in Canada, as well as the impact of the pandemic on these workers. Job characteristics are based on the 2019 LFS data, which is the most recent data collected prior to the COVID-19 pandemic. Although the LFS data are more recent than those of the Census, they cannot provide as much detailed information regarding specific occupations. For instance, the sample size of the LFS does not allow to look at the job permanency by gender and specific care occupation, such as for nurses, which would be possible with Census data if information on job permanency were collected.

In 2019, workers in care occupations (83%) were less likely to have a permanent job[22] than those in non-care occupations (89%) (Chart 2). They were, by contrast, more than twice as likely to be covered by a collective agreement (57% vs. 25%). This last finding reflects the fact that care workers are employed primarily in the public sector (schools, hospitals, etc.), where unionization rates are highest. Additionally, women in care occupations were slightly more likely than their male counterparts to have a permanent job and to be covered by a collective agreement, while the opposite is found for women in non-care occupations.

Workers in care occupations were also slightly less likely to work full time (75%) than those in non-care occupations (82%). This was entirely explained by the gap in full-time work of men in care and non-care occupations. Indeed, male workers in care occupations (80%) were 7 percentage points less likely to work full time than their counterparts in non-care occupations (87%), while women in both care and non-care occupations were equally likely to be working full time (74% for each).

The fact that women, in both care and non-care occupations, are less likely to work full time than men is consistent with general findings on women's employment. Indeed, although women have increased their participation in the labour market over time, the majority of unpaid work and family responsibilities are

still undertaken by women. This may affect their ability to work longer hours and access better jobs.

Employment in care occupations and non-care occupations was impacted differently during the pandemic

At the onset of the COVID-19 pandemic, in mid-March 2020, all Canadian provinces and territories implemented strict public health measures, effectively putting large parts of Canada under lockdown. Many provincial and territorial governments across Canada ordered schools and clinics offering health services, such as dentist clinics and physiotherapy clinics and the majority of stores and businesses selling non-essential goods and services, to close.

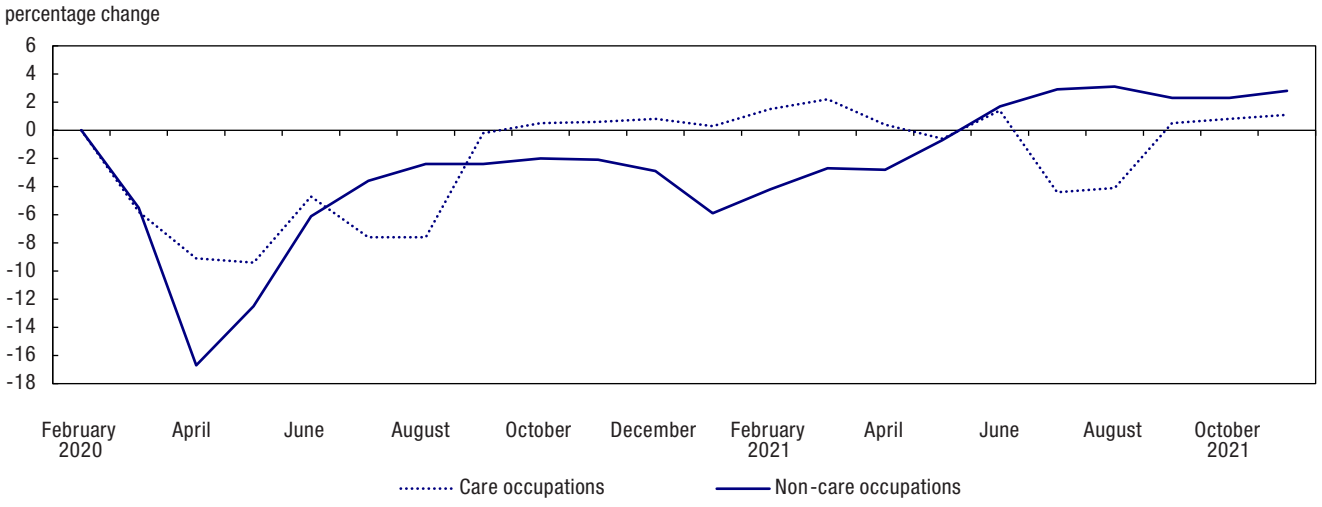
As a result, employment fell by around 6% in March 2020 in both care and non-care occupations (Chart 3).[23] In April, the impact on employment was more severe for non-care workers. Indeed, while employment in care occupations was 9% below that of February 2020, the comparable decline in non-care occupations was 17%. This can be explained by the fact that many of the non-care occupations were in businesses that were deemed non-essential, and which continued to be closed, by contrast to most care occupations related to health which were deemed essential.

Around mid-May 2020, several provinces and territories including Ontario, Quebec, Alberta, Manitoba and Saskatchewan began to ease restrictions on certain economic and social activities and allowed select nonessential businesses to reopen. This led to an increase in employment in non-care occupations, however employment among care workers remained stable overall.

In June 2020, more restrictions were being lifted for businesses and workplaces in most parts of Canada. As a result, employment in both care and non-care occupations continued to rebound—compared with February 2020, it was down by 6% for non-care occupations and by 5% for care occupations. As restrictions were still easing, the reopening of economic activities continued in July and August. However, in July 2020, though employment increased in non-care occupations, it declined in care occupations. This decline was mostly driven by a decline in employment in management and education occupations.

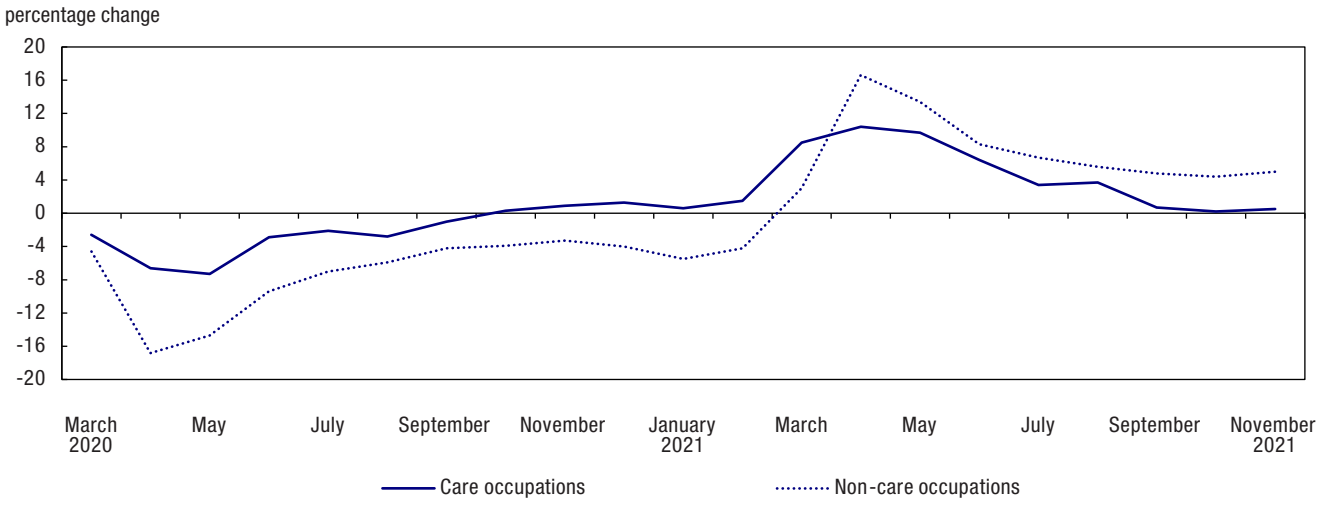
In September 2020, schools across the country started to reopen and this led to an additional, sharp increase in employment in education occupations. This is a seasonal effect that occurs at the beginning of each school year. This had a positive impact on employment in care occupations overall. In the following months, employment improved slightly in care occupations while remaining unchanged in non-care occupations. By December 2020,

Chart 3
Percentage change in employment compared with February 2020, in care and non-care occupations, from February 2020 to November 2021, seasonally unadjusted



Source: Statistics Canada, Labour Force Survey, February 2020 to November 2021.

Chart 4
Same-month year-to-year percentage changes in employment, in care and non-care occupations, from March 2020 to November 2021



Source: Statistics Canada, Labour Force Survey, March 2020 to November 2021.

employment in care occupations was almost the same as the February 2020 level, while it was down 3% for non-care occupations.

Employment among care workers fluctuated in the first half of 2021, but by October 2021, it was around the same level as in February 2020. For non-care workers, employment continued to improve in 2021, and by June of that year it surpassed its pre-pandemic level for the first time. In November 2021, it was 3% above the February 2020 level.

When same-month year-to-year comparisons are examined, we can note that the difference between comparable months of 2019 and 2020 peaked in April 2020 for non-care occupations (-17%) and May for care occupations (-7%) (Chart 4). Compared with 2019, employment in 2020 was much lower for non-care occupations than care occupations. For care occupations, employment in December of 2020 was even slightly higher (1%) than that in the same month of 2019. Employment continued to grow in 2021. In general, monthly employment, during the first half of 2021, was higher than that of comparable months in 2020. However, employment growth between 2020 and 2021 was more pronounced in non-care than in care occupations.

Women and men were affected differently during the pandemic

At the onset of the pandemic, both men and women experienced immediate and negative impacts in terms of employment. However, women were affected more than men in the first few months following the pandemic. For example, in April 2020, women's employment in care occupations was 10% below the level it was in February 2020, compared with 7% for men. The comparable numbers for women and men in non-care occupations were 19% and 15%, respectively. By October 2020, employment for both men and women in care occupations had gone back to levels similar to February 2020. Nevertheless, women's monthly employment in 2020 remained lower than that in the same months of 2019, throughout 2020, while men's employment recovered faster and was even higher than that in the same months of 2019, from August to December 2020. However, the situation evolved differently for men and women in 2021: the employment of men in care occupations slowed while that of women continued to increase. Thus, in November 2021, employment among men in care occupations was similar to the February 2020 level, while for women it was 2% higher.

Conclusion

Care workers make up an essential component of our society and economy. Canada's aging population, combined with the impact of the COVID-19 pandemic, has put a strain on Canada's health care system with the demand for care work being

higher than ever. This article is the first to provide a detailed portrait of care workers in Canada.

In 2016, care workers made up nearly one-fifth of the total employed population in Canada, with approximately 3.2 million Canadians being employed in care occupations. Most were employed in the care-related and private households industries, but a significant proportion were also employed in non-care industries.

Women made up the majority of paid care workers in Canada, accounting for three-quarters of all care workers in 2016. The distribution of men and women varied across care occupations. For example, in 2016, almost 4 in 10 female care workers were registered nurses and registered psychiatric nurses, elementary school and kindergarten teachers, nurse aides, orderlies and patient service associates or early childhood educators and assistants. The top care occupations held by men were janitors, caretakers and building superintendents, light-duty cleaners, secondary school teachers or elementary school and kindergarten teachers.

There were also differences in the educational attainment of men and women working in care occupations. Women were more likely to have a college credential, while men were more likely to have a university certificate, diploma or degree.

In addition, men had higher employment income than women, although the income gap between men and women in care occupations was lower than that of non-care workers. The gender income gap remains significant even after taking into account diverse personal characteristics and the occupation held. This means that the persistence of a relatively high level of occupational segregation among care workers does not alone explain the gender pay gap in this sector. Factors such as gender bias or discrimination in the workplace and in hiring practices could also play an important role.

Immigrant women and those from groups designated as visible minorities fared worse than their male counterparts overall. While income gaps between men and women were observed for all population groups, the gap was particularly high among Arab, South Asian and Korean people. In addition, Indigenous people were underrepresented in most health-related care occupational groups, notably in professional occupations in health. Indigenous people were, by contrast, overrepresented in paraprofessional occupations in legal, social, community and education services as well as in care providers and educational, legal and public protection support occupations. These occupational groups include positions such as social and community service workers, early childhood educators and assistants and home support workers, housekeepers and related occupations.

The COVID-19 pandemic has had a large impact on many Canadians, including care workers. Many schools, child-care centres, dentist clinics and physiotherapy clinics closed, as well as stores and businesses selling non-essential goods or services. This impacted the Canadian labour market, but workers in non-care occupations had a larger employment decrease than those working in care occupations, since many care workers continued to work providing essential services.

While the immediate impacts of the pandemic on all facets of society are undeniable, many effects will be felt in the much longer term. These include the increased recognition of the importance of care workers to society. As such, the need to fill the many vacancies in this sector will likely remain a priority in the coming years. The current article provides information to help meet these objectives by contributing to a better understanding of the current profile of these essential workers and the challenges they face.

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Data sources, methods and definitions

Data sources

This study used data from the Census of Population and the Labour Force Survey (LFS). The Census of Population is conducted every five years and gathers demographic, social, economic and cultural information on the Canadian population. In this study, Census of Population data from 2016 is used to examine the personal characteristics of care workers. The LFS is a monthly survey of approximately 56,000 households. The LFS sample is representative of the non-institutionalized population aged 15 and older. It gathers labour market information for those surveyed. In this study, LFS data from 1987 to 2020 was used to examine the job characteristics of care workers.

The data used in this study was restricted to the employed population aged 15 years and older. The employed population refers to people aged 15 and older who were paid workers, self-employed, or unpaid family workers. Unpaid household activities and unpaid child and elder care are excluded from the definition.

Methods

Descriptive statistics were used to look at the personal and job characteristics of paid care workers. In addition, a multivariate analysis was conducted to examine the gender pay gap in care occupations. Ordinary least squares regressions were estimated to examine whether a difference in employment income of men and women remained even after controlling for various personal characteristics, which include age, marital status, education, immigrant status, Indigenous identity, number of children, age of youngest child and province of residence and care occupation held. The sample was restricted to those aged 15 years and older who worked full year, full time and reported employment incomes greater than zero.

Definitions

This article is in line with the definition of care work used in the International Labour Organisation (ILO) report which broadly defines care work as consisting of activities and relations involved in meeting the physical, psychological and emotional needs of adults and children, old and young, frail and able-bodied. As defined in the ILO, care work can be performed for pay or profit (care employment) or can be unpaid (as either unpaid care work, volunteer care work or unpaid trainee care work). This paper focuses on those employed in care occupations and therefore, looks at paid care work.

The ILO report identifies care workers using the International Standard Classification of Occupations (ISCO) and the International Standard Industrial Classification (ISIC) and our definition of care workers closely mimics this using the equivalent occupational groupings found in the 2016 National Occupational Classification (NOC). However, it is important to note that this paper looked at all care occupations regardless of care industry.

For example, occupations such as elementary school and kindergarten teacher, social worker and early childhood educator and assistant were included, while occupations such as judge, lawyer and economist and economic policy researcher and analyst were excluded. In addition, occupations in the "63" and "67" 2-digit NOC code category only includes workers who are classified as "domestic workers" in the ILO report. As defined in this report, domestic workers are those working in or for a private household or multiple households. Typically, domestic workers clean, cook and perform any other household tasks that are essential to personal care of people living in the household. They also provide direct care for children, older and disabled persons.

Note, we also excluded the following two health occupations since this study focused on care workers who provided care to people: "3114 Veterinarians" and "3213 Animal health technologists and veterinary technicians."

For a more detailed list of all the care occupations included in the four categories detailed above, please refer to Appendix 1.

Appendix 1

Here is a detailed list of the care occupations included in each group at the 1, 2 and 4 digit levels:

0 Management occupations

03–04 Specialized middle management occupations

0311 Managers in health care

0421 Administrators—postsecondary education and vocational training

0422 School principals and administrators of elementary and secondary education

0423 Managers in social, community and correctional services

3 Health occupations

30 Professional occupations in nursing

3012 Registered nurses and registered psychiatric nurses

3011 Nursing coordinators and supervisors

31 Professional occupations in health (except nursing)

3111 Specialist physicians

3112 General practitioners and family physicians

3113 Dentists

3121 Optometrists

3122 Chiropractors

3124 Allied primary health practitioners

3125 Other professional occupations in health diagnosing and treating

3131 Pharmacists

3132 Dieticians and nutritionists

3141 Audiologists and speech-language pathologists

3142 Physiotherapists

3143 Occupational therapists

3144 Other professional occupations in therapy and assessment

32 Technical occupations in health

3211 Medical laboratory technologists

3212 Medical laboratory technicians and pathologists' assistants

3214 Respiratory therapists, clinical perfusionists and cardiopulmonary technologists

3215 Medical radiation technologists

3216 Medical sonographers

3217 Cardiology technologists and electrophysiological diagnostic technologists, n.e.c.

3219 Other medical technologists and technicians (except dental health)

3221 Denturists

3222 Dental hygienists and dental therapists

3223 Dental technologists, technicians and laboratory assistants

3231 Opticians

3232 Practitioners of natural healing

3233 Licensed practical nurses

3234 Paramedical occupations

3236 Massage therapists

3237 Other technical occupations in therapy and assessment

Women working in paid care occupations

34 Assisting occupations in support of health services

3411 Dental assistants

3413 Nurse aides, orderlies and patient service associates

3414 Other assisting occupations in support of health services

4 Occupations in education, law and social, community and government services

40 Professional occupations in education services

4011 University professors and lecturers

4012 Postsecondary teaching and research assistants

4021 College and other vocational instructors

4031 Secondary school teachers

4032 Elementary school and kindergarten teachers

4033 Educational counsellors

41 Professional occupations in law, social, community, government services

4151 Psychologists

4152 Social workers

4153 Family, marriage and other related counsellors

42 Paraprofessional occupations in legal, social, community and education services

4214 Early childhood educators and assistants

4215 Instructors of persons with disabilities

4212 Social and community service workers

44 Care providers in educational, legal and public protection support occupations

4413 Elementary and secondary school teacher assistants

4412 Home support workers, housekeepers and related occupations

4411 Home child-care providers

6 Sales and service occupations

63 Service supervisors and specialized service occupations

6312 Executive housekeepers

6315 Cleaning supervisors

67 Service support and other service occupations

6731 Light-duty cleaners

6733 Janitors, caretakers and building superintendents

Appendix 2

Table A1
Characteristics of paid care workers, men only, by care occupational group, 2016

Characteristic	Total - Men workers	Total - Men care workers	Total - Men non-care workers	Care occupation group (2-digit NOC[1])					
				03-04- Specialized middle management occupations	30- Professional occupations in nursing	31- Professional occupations in health (except nursing)	32- Technical occupations in health	34- Assisting occupations in support of health services	40- Professional occupations in education services
	percent								
Immigrant status									
Non-immigrants	74.4	70.7	74.7	79.6	66.1	63.0	69.4	60.1	74.6
Immigrants	24.2	27.3	23.8	19.9	32.7	35.3	29.7	38.5	21.5
Non-permanent residents	1.5	2.0	1.4	0.5	1.2	1.7	0.9	1.4	3.8
Visible minority									
Visible minority population	21.2	24.2	20.9	13.3	31.9	32.9	28.2	38.6	17.1
South Asian	5.9	5.0	6.0	3.6	4.7	10.8	6.2	5.0	3.8
Chinese	4.1	3.9	4.1	3.0	4.0	8.2	6.3	2.8	4.0
Black	3.0	4.2	2.8	2.1	6.9	2.1	2.8	11.2	2.7
Filipino	2.2	3.8	2.0	0.7	10.5	0.8	4.7	12.2	0.5
Latin American	1.4	1.9	1.4	0.7	1.1	0.8	1.1	2.1	0.9
Arab	1.4	2.0	1.3	1.2	1.8	5.2	2.0	2.0	1.8
Southeast Asian	0.9	0.8	0.9	0.3	0.8	1.3	1.1	1.1	0.3
West Asian	0.8	0.9	0.8	0.5	0.7	1.7	1.0	0.5	1.4
Korean	0.5	0.5	0.5	0.4	0.3	0.8	1.3	0.2	0.5
Japanese	0.2	0.3	0.2	0.2	0.1	0.4	0.5	0.1	0.4
Visible minority, n.i.e.[2]	0.4	0.3	0.4	0.2	0.3	0.2	0.3	0.6	0.3
Multiple visible minorities	0.5	0.6	0.5	0.3	0.8	0.6	0.8	0.9	0.5
Not a visible minority	78.8	75.8	79.1	86.7	68.1	67.1	71.8	61.4	82.9
Indigenous identity									
Indigenous identity	3.5	3.9	3.4	4.0	2.6	0.9	2.7	3.8	2.5
Single Indigenous responses	3.4	3.8	3.4	3.9	2.4	0.9	2.6	3.7	2.4
First Nations (North American Indian)	1.7	2.2	1.7	2.2	1.0	0.3	1.1	2.0	1.1
Métis	1.5	1.4	1.5	1.6	1.4	0.6	1.5	1.6	1.2
Inuk (Inuit)	0.1	0.2	0.1	0.1	0.0	0.0	0.0	0.1	0.1
Multiple Indigenous responses	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Indigenous responses not included elsewhere	0.1	0.1	0.1	0.0	0.1	0.0	0.0	0.1	0.0
Non-Indigenous identity	96.5	96.1	96.6	96.0	97.4	99.1	97.3	96.2	97.5

Appendix 2

Table A1
Characteristics of paid care workers, men only, by care occupational group, 2016 (continued)

Characteristic	Total - Men workers	Total - Men care workers	Total - Men non-care workers	Care occupation group (2-digit NOC[1]) 41- Professional occupations in law, social, community, and government services	42- Paraprofessional occupations in legal, social, community and education services	44- Care providers and educational, legal and public protection support occupations	63- Service supervisors and specialized service occupations	67- Service support and other service occupations
	percent							
Immigrant status								
Non-immigrants	74.4	70.7	74.7	78.6	78.4	68.4	66.6	70.0
Immigrants	24.2	27.3	23.8	20.9	20.3	28.0	30.1	28.9
Non-permanent residents	1.5	2.0	1.4	0.5	1.3	3.6	3.2	1.2
Visible minority								
Visible minority population	21.2	24.2	20.9	15.9	22.0	30.6	26.3	24.5
South Asian	5.9	5.0	6.0	3.2	4.0	4.8	5.3	3.7
Chinese	4.1	3.9	4.1	2.2	2.1	3.9	1.6	2.1
Black	3.0	4.2	2.8	5.8	8.3	7.2	3.6	4.5
Filipino	2.2	3.8	2.0	0.6	2.0	8.5	6.3	6.2
Latin American	1.4	1.9	1.4	1.2	1.7	1.6	5.5	3.9
Arab	1.4	2.0	1.3	0.6	1.5	1.3	1.8	1.2
Southeast Asian	0.9	0.8	0.9	0.4	0.5	1.1	0.3	0.9
West Asian	0.8	0.9	0.8	0.6	0.6	0.5	0.3	0.5
Korean	0.5	0.5	0.5	0.2	0.3	0.3	0.6	0.3
Japanese	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.1
Visible minority, n.i.e.[2]	0.4	0.3	0.4	0.3	0.4	0.4	0.3	0.4
Multiple visible minorities	0.5	0.6	0.5	0.5	0.5	0.7	0.7	0.6
Not a visible minority	78.8	75.8	79.1	84.1	78.0	69.4	73.8	75.5
Indigenous identity								
Indigenous identity	3.5	3.9	3.4	5.7	8.9	8.6	3.9	5.4
Single Indigenous responses	3.4	3.8	3.4	5.5	8.8	8.5	3.7	5.3
First Nations (North American Indian)	1.7	2.2	1.7	3.7	6.0	6.0	1.8	3.2
Métis	1.5	1.4	1.5	1.7	2.3	2.0	1.8	1.7
Inuk (Inuit)	0.1	0.2	0.1	0.1	0.4	0.5	0.1	0.4
Multiple Indigenous responses	0.0	0.0	0.0	0.1	0.1	0.0	0.1	0.0
Indigenous responses not included elsewhere	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1
Non-Indigenous identity	96.5	96.1	96.6	94.2	91.1	91.4	96.1	94.6

1. National Occupational Classification
2. The abbreviation "n.i.e." means "not included elsewhere." It includes people with a write-in response such as "Guyanese," "West Indian," "Tibetan," "Polynesian" or "Pacific Islander."

Source: Statistics Canada, Census of Population, 2016.

Appendix 2

Table A2
Characteristics of paid care workers, women only, by care occupational group, 2016

Characteristic	Total - Women workers	Total - Women care workers	Total - Women non-care workers	Care occupation group (2-digit NOC[1])					
				03-04- Specialized middle management occupations	30- Professional occupations in nursing	31- Professional occupations in health (except nursing)	32- Technical occupations in health	34- Assisting occupations in support of health services	40- Professional occupations in education services
	percent								
Immigrant status									
Non-immigrants	75.2	74.9	75.4	82.3	77.7	74.7	77.7	66.2	82.9
Immigrants	23.5	23.7	23.4	17.4	21.8	24.4	21.7	32.8	15.8
Non-permanent residents	1.3	1.3	1.2	0.3	0.5	0.9	0.5	1.0	1.4
Visible minority									
Visible minority population	21.4	21.1	21.5	12.0	20.0	23.2	20.2	30.4	12.9
South Asian	4.8	4.0	5.1	2.9	3.7	6.9	4.1	3.9	3.4
Chinese	4.4	2.7	5.1	2.4	2.4	6.4	3.7	1.9	2.9
Black	3.2	4.4	2.8	2.3	5.4	1.6	3.2	9.9	1.8
Filipino	3.2	4.7	2.6	0.9	5.0	1.2	4.5	9.9	0.6
Latin American	1.4	1.6	1.4	0.7	0.7	0.6	1.1	1.8	0.7
Arab	0.9	1.1	0.9	0.8	0.4	2.4	0.8	0.5	1.1
Southeast Asian	1.0	0.6	1.1	0.3	0.6	1.2	0.8	0.7	0.3
West Asian	0.6	0.6	0.7	0.4	0.4	1.1	0.6	0.4	0.7
Korean	0.5	0.4	0.6	0.4	0.4	0.6	0.4	0.2	0.4
Japanese	0.3	0.2	0.3	0.3	0.2	0.4	0.3	0.2	0.4
Visible minority, n.i.e.[2]	0.4	0.4	0.4	0.3	0.3	0.2	0.3	0.5	0.3
Multiple visible minorities	0.6	0.5	0.6	0.4	0.5	0.6	0.5	0.6	0.4
Not a visible minority	78.6	78.9	78.5	88.0	80.0	76.8	79.8	69.6	87.1
Indigenous identity									
Indigenous identity	3.9	4.4	3.7	4.8	3.0	1.4	3.3	4.8	3.3
Single Indigenous responses	3.8	4.3	3.6	4.7	2.9	1.3	3.2	4.7	3.2
First Nations (North American Indian)	2.0	2.4	1.9	2.9	1.3	0.6	1.4	2.4	1.7
Métis	1.7	1.7	1.6	1.6	1.5	0.7	1.8	2.1	1.3
Inuk (Inuit)	0.1	0.2	0.1	0.2	0.0	0.0	0.0	0.1	0.1
Multiple Indigenous responses	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0
Indigenous responses not included elsewhere	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.1	0.1
Non-Indigenous identity	96.1	95.6	96.3	95.2	97.0	98.6	96.7	95.2	96.7

Appendix 2

Table A2
Characteristics of paid care workers, women only, by care occupational group, 2016 (continued)

Characteristic	Total - Women workers	Total - Women care workers	Total - Women non-care workers	Care occupation group (2-digit NOC[1])				
				41- Professional occupations in law, social, community, and government services	42- Paraprofessional occupations in legal, social, community and education services	44- Care providers and educational, legal and public protection support occupations	63- Service supervisors and specialized service occupations	67- Service support and other service occupations
	percent							
Immigrant status								
Non-immigrants	75.2	74.9	75.4	84.4	76.8	67.7	59.5	62.8
Immigrants	23.5	23.7	23.4	15.1	22.4	27.9	37.4	35.5
Non-permanent residents	1.3	1.3	1.2	0.5	0.8	4.4	3.2	1.6
Visible minority								
Visible minority population	21.4	21.1	21.5	12.5	20.1	27.2	27.6	27.6
South Asian	4.8	4.0	5.1	3.2	4.1	4.3	5.4	3.9
Chinese	4.4	2.7	5.1	1.6	2.0	2.1	1.6	2.4
Black	3.2	4.4	2.8	3.8	4.9	4.1	3.8	5.4
Filipino	3.2	4.7	2.6	0.5	2.1	11.5	7.8	7.1
Latin American	1.4	1.6	1.4	1.2	2.0	1.6	6.1	5.5
Arab	0.9	1.1	0.9	0.4	2.4	1.1	0.5	0.7
Southeast Asian	1.0	0.6	1.1	0.2	0.4	0.7	0.5	1.1
West Asian	0.6	0.6	0.7	0.5	0.7	0.5	0.4	0.3
Korean	0.5	0.4	0.6	0.2	0.5	0.2	0.6	0.2
Japanese	0.3	0.2	0.3	0.2	0.2	0.2	0.0	0.1
Visible minority, n.i.e.[2]	0.4	0.4	0.4	0.3	0.4	0.4	0.4	0.4
Multiple visible minorities	0.6	0.5	0.6	0.3	0.4	0.6	0.6	0.5
Not a visible minority	78.6	78.9	78.5	87.5	79.9	72.8	72.4	72.4
Indigenous identity								
Indigenous identity	3.9	4.4	3.7	6.3	6.3	5.9	5.4	6.2
Single Indigenous responses	3.8	4.3	3.6	6.2	6.2	5.7	5.4	6.1
First Nations (North American Indian)	2.0	2.4	1.9	3.8	3.9	3.3	2.8	3.7
Métis	1.7	1.7	1.6	2.3	2.0	2.1	2.6	2.0
Inuk (Inuit)	0.1	0.2	0.1	0.1	0.3	0.3	0.1	0.4
Multiple Indigenous responses	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1
Indigenous responses not included elsewhere	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1
Non-Indigenous identity	96.1	95.6	96.3	93.7	93.7	94.1	94.6	93.8

1. National Occupational Classification

2. The abbreviation "n.i.e." means "not included elsewhere." It includes people with a write-in response such as "Guyanese," "West Indian," "Tibetan," "Polynesian" or "Pacific Islander."

Source: Statistics Canada, Census of Population, 2016.

Notes

1. Power, Marilyn. (November, 2004).
2. Statistics Canada, in recognition of the importance of quality and timely data on care work in Canada, is embarking on a project to develop a conceptual framework and data strategy to define and measure the care economy. Statistics Canada is working with a range of experts and organizations to determine the scope and extent of the care economy. The project aims to provide greater precision on what constitutes as care work (paid or unpaid) in Canada.
3. International Trade Union Confederation. 2016. *Investing in the Care Economy—A gender analysis of employment stimulus in seven OECD countries*. Online: *https://www.ituc-csi.org/investing-in-the-care-economy*.
4. Peng, Ito. (2018).
5. People aged 65 and older.
6. People aged 14 and younger.
7. Statistics Canada. Population Projections for Canada (2018 to 2068), Provinces and Territories (2018 to 2043). Ottawa, ON: Statistics Canada; 2019 [Available online at: https://www150.statcan.gc.ca/n1/en/pub/91-520-x/91-520-x2019001-eng.pdf; cited 19 January 2021]
8. Hsu and Lane (2020).
9. Pelissier et al. (2018); Wilkins (2007); Tourangeau et al. (2010); Zeytinoglu et al. (2006)
10. Turcotte and Savage (2020); Havaei et al. (2021); Pappa et al. (2020); Shaukat and Razzak, (2020); Stelnicki, Carleton, and Reichert (2020).
11. More precisely, vacancies in health care and social assistance increased by 40,800 (+59.9%) from the second quarter of 2019 to the second quarter of 2021, the largest increase of any sector. See: https://www150.statcan.gc.ca/n1/daily-quotidien/210921/dq210921a-eng.htm.
12. Uppal and Savage (2021).
13. International Labour Organisation (2018).
14. An alternative definition of the care economy, closer to the conceptual framework Statistics Canada is currently working on, was also tested. This other definition excluded the seven following occupations: university professors and lecturers (NOC 4011), postsecondary teaching and research assistants (NOC 4012), college and other vocational instructors (NOC 4021), executive housekeepers (NOC 6312), cleaning supervisors (NOC 6315), light duty cleaners (NOC 6731) and janitors, caretakers and building superintendents (NOC 6733). Overall, the exclusion of those occupations did not affect the general trends and findings of the study as those occupations only account for a small share of all care workers. However, because of the composition of occupations such as "*janitors, caretakers and building superintendents,*" which account for 212,000 workers and in which 75% of workers are men, there were an increase in the "core working age" and the educational attainment of male care workers. Particularly, the proportion of male care workers aged 25 to 44 slightly increased from 41% to 47% and the proportion of those with a bachelor or above increased from 51% to 66%. No other major changes were noted.
15. International Labour Organisation (2018).
16. Female-dominated occupations being defined as those with the percentage of women equal to 75% or more.
17. Turcotte and Savage (2020).
18. This corresponds to the 2-digit NOC 30.
19. This corresponds to the 2-digit NOC 31 and excludes nursing occupations.
20. The only exception is postsecondary teaching and research assistants (NOC 4012) where the employment income of men is 3% lower than that of women.
21. When controlling for all personal characteristics, except the level of education, the gender pay gap remains approximately the same at 14.6%. This is consistent with the fact that, among care workers who work full year, full time and who have an employment income greater than zero, women are more likely to have a level of education higher than a high school diploma (87%) than men (80%). However, this varies by broad occupational group and is why this effect disappears when results are presented by occupational group.
22. Non-permanent jobs are categorized as seasonal, temporary term or contract, casual, and other non-permanent jobs.
23. The reference week for the March Labour Force Survey was March 15 to 21.

References

Havaei, F., Ma, A., Staempfli, S., & MacPhee, M. 2021. Nurses' workplace conditions impacting their mental health during COVID-19: A cross-sectional survey study. *Healthcare*. 9(1). Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7830057/

Hsu, A. T. and Lane, N. E. 2020. Impact of COVID-19 on residents of Canada's long-term care homes – ongoing challenges and policy response. In: LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE. Available at: https://ltccovid.org/2020/04/15/impact-of-covid-19-on-residents-of-canadas-long-term-care-homes-ongoing-challenges-and-policy-response/

International Labour Organisation (ILO). 2018. Care work and care jobs for the future of decent work. International Labour Office – Geneva: ILO, 2018. Available at: https://www.researchgate.net/publication/326271177_Care_work_and_care_jobs_for_the_future_of_decent_work

Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V. G., Papoutsi, E., & Katsaounou, P. 2020. Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain, Behavior, and Immunity*. 88. Available at : https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7206431/

Pelissier, C., Charbotel, B., Fassier, J.B., Fort, E., Fontana, L. Nurses' Occupational and Medical Risks Factors of Leaving the Profession in Nursing Homes. Int. J. Environ. Res. Public Health 2018, 15, 1850.

Peng, Ito. 2018. Why Canadians should Care about Global Care Economy. Available at: https://opencanada.org/why-canadians-should-care-about-global-care-economy/

Power, Marilyn. November 2004. "Social provisioning as a starting point for feminist economics." Feminist Economics 10(3). Available at: http://heterodoxnews.com/ajes/readings/Power2004.pdf

International Trade Union Confederation. 2016. Investing in the Care Economy – A gender analysis of employment stimulus in seven OECD countries. Available at: https://www.ituc-csi.org/investing-in-the-care-economy.

Katherine Savage and Sharanjit Uppal. 2021. "Child care workers in Canada." *Insights on Canadian Society*. June. Statistics Canada Catalogue no. 75-006-X. https://www150.statcan.gc.ca/n1/pub/75-006-x/2021001/article/00005-eng.htm

Shaukat, N., Ali, D. M., & Razzak, J. 2020. Physical and mental health impacts of COVID-19 on healthcare workers: A scoping review. *International Journal of Emergency Medicine*. 13(1), 1-8. Available at : https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7370263/

Statistics Canada. Population Projections for Canada (2018 to 2068), Provinces and Territories (2018 to 2043). Ottawa, ON: Statistics Canada, 2019 Available at: https://www150.statcan.gc.ca/n1/en/pub/91-520-x/91-520-x2019001-eng.pdf; cited 19 January 2021]

Stelnicki, A. M., Carleton, R. N., & Reichert, C. 2020. Nurses' mental health and well-being: COVID-19 impacts. *Canadian Journal of Nursing Research*. Available at: https://journals.sagepub.com/doi/full/10.1177/0844562120931623

Tourangeau, A.E., G. Cummings, L.A. Cranley, E.M. Ferron, and S. Harvey. 2010. "Determinants of hospital nurse intention to remain employed: Broadening our understanding." *Journal of Advanced Nursing*. 66 (1): 22–32.

Turcotte, M., and Savage, K. 2020. The contribution of immigrants and population groups designated as visible minorities to nurse aide, orderly and patient service associate occupations. StatCan COVID-19: Data to Insights for a Better Canada. Statistics Canada Catalogue no. 45-28-0001. https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00036-eng.htm

Wilkins, K. 2007. "Work stress among health care providers." *Health Reports*. 18 (4): 33–36. Statistics Canada Catalogue no. 82-003-XWE. Ottawa: Statistics Canada.

Zeytinoglu, U., M. Denton, S. Davies, A. Baumann, J. Blyth, and L. Boos. 2006. "Retaining nurses in their employing hospitals and in the profession: Effects of job preference, unpaid overtime, importance of earnings and stress." *Health Policy*. 79 (1).